

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	<i>dw</i>	68904	10/15/00
O.I.P.E. CLASSIFIER		8	10-2-00
FORMALITY REVIEW	S.B	JC 895	11-15-00
RESPONSE FORMALITY REVIEW			

INDEX OF CLAIMS

✓ Rejected
= Allowed
- (Through numeral)..... Canceled
+ Restricted
N Non-elected
I Interference
A Appeal
O Objected

Claim	Date
Final Original	
1	7-30-00
2	10-20-00
3	✓
4	✓
5	✓
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Claim	Date
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Claim	Date
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If more than 150 claims or 10 actions
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Best Available Copy